



## CAPTIVE INSURANCE SECTION

**Bill Haslam**  
Governor

**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE & INSURANCE**  
500 James Robertson Parkway  
Nashville, Tennessee 37243  
(615) 741-3805

**Julie Mix McPeak**  
Insurance Commissioner

### **Protected Cell Captive Insurance Company** **Individual Cell Approval Application** (Attach separate sheets if necessary)

#### **A. GENERAL INFORMATION:**

1. **Name of Protected Cell Captive Insurance Company the following cell is associated with.**

2. **Name of Proposed Protected Cell.**

3. **Parent or Sponsor.**

Name:

Street Address:

City, State and Zip:

Phone Number:

Fax Number:

E-Mail Address:

4. **Principal Place of Business of Proposed.**

Incorporated

Series LLC

Unincorporated

LLC

5. **Principal Place of Business of Proposed.**

6. **Resident Registered Agent**

7. **Location of Books and Records**

**B. COVERAGE/LIMITS/REINSURANCE**

Coverage	Direct or Reinsurance	Policy Limits per Occ./Agg.	Claims Made or Occurrence	Amount Reinsured	Reinsured By
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Are Policies assessable?	Yes	No
Parental Guarantee in place?	Yes	No
Loan to Parent requested?	Yes	No
Losses Discounted?	Yes	No

**C. CONTACT INFORMATION**APPLICANT CONTACT

Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Email Address:

CAPTIVE MANAGER

Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Email Address:

ACTUARIAL FIRM

Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Email Address:

CERTIFIED PUBLIC ACCOUNTANT

Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Email Address:

THIRD PARTY ADMINISTRATOR

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Email Address:

(Use separate sheet if needed) \*If Beneficial Owner is publicly traded, current Annual Report (10-k) must be included in application



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I CERTIFY THAT TO THE BEST OF MY  
KNOWLEDGE AND BELIEF, ALL OF THE  
INFORMATION GIVEN IN THIS APPLICATION IS  
TRUE AND CORRECT AND THAT ALL  
ESTIMATES GIVEN ARE TRUE ESTIMATES  
BASED UPON FACTS WHICH HAVE BEEN  
CAREFULLY CONSIDERED AND ASSESSED.

### **Officer, Director, or Attorney-in-Fact for a Reciprocal**

Date:

Name:

Signature:

### **Captive Manager**

Date:

Name:

Signature: